

2000
OMCS CONTROLLED SUBSTANCE AND ALCOHOL TESTING MIS DATA COLLECTION REPORT

A. MOTOR CARRIER INFORMATION

Report for Calendar Year: 2000

Your Motor Carrier Name, U.S. DOT Number and address(es) are:

If you are no longer a motor carrier using drivers required to have CDLs to operate CMVs, or you believe you are exempt for one of the following reasons, please prepare sections A and B noting the exact circumstances why you are not subject to 49 CFR part 382. Please return this form to us so we may update our records with correct information.

- ☐ The motor carrier identified above went out of business on _____ (date) or moved on _____ (date).
- ☐ I (We) do not operate the size of commercial motor vehicles (CMVs) in the United States subject to 49 CFR part 382.
- ☐ I (We) only operate motor vehicles in the United States meeting all four of following conditions.
1. For single vehicles without a trailer attached, the vehicle has a gross vehicle weight rating (GVWR) less than 11,794 kilograms.
 2. For vehicles connected together (e.g., a trailer is connected to a truck, a truck tractor, or a bus), the combined vehicles have a gross combination weight rating (GCWR) less than 11,794 kilograms. This takes into account the trailer or towed unit (e.g., a wrecked vehicle) has a GVWR of 4,536 kilograms or less
 3. For passenger vehicles, the manufacturer designed the vehicle and I only use the vehicle to transport 15 or less passengers, including the driver.
 4. Title 49 CFR part 172, subpart F (172.500 *et seq.*) does not require me to placard my motor vehicles.

My motor carrier operation is exempt from 49 CFR part 382 for one of the following four reasons.

- ☐ No State requires me or any of my drivers to obtain CDLs to operate my *farm vehicles*.
- ☐ No State requires me or any of my drivers to obtain CDLs to operate my *firefighting or other emergency response vehicles*.
- ☐ The Federal Transit Administration exclusively regulates my controlled substances and alcohol testing program because I only have motor vehicles subject to 49 CFR parts 653 and 654.
- ☐ My motor carrier operation is exclusively an active duty United States military unit, using only drivers on active duty (including, but not limited to, the U.S. Coast Guard, the Reserves, or the National Guard) subject only to U.S. Department of Defense Military License requirements.

☐ Other (please explain) :

Title 18, U.S.C. Section 1001, makes it a criminal offense subject to a maximum fine of \$10,000, or imprisonment for not more than 5 years, or both, to knowingly and willfully make or cause to be made any false or fraudulent statements or representations in any matter within the jurisdiction of any agency of the United States.

I, _____ (print name), certify the information provided on this Office of Motor Carrier Safety Controlled Substance and Alcohol Testing Management Information System Data Collection Form is, to the best of my knowledge and belief, true, correct, and complete for the calendar year reporting period stated.

Signature

Date of Signature

B. DRIVER REQUIRED TO HAVE CDLS

DRIVER REQUIRED TO HAVE CDLS						
DRIVER CATEGORY	NUMBER OF DRIVERS REQUIRED TO HAVE A CDLs	NUMBER OF DRIVERS REQUIRED TO HAVE CDLs COVERED BY MORE THAN ONE DOT OPERATING ADMINISTRATION				
		FAA	FRA	FTA	RSPA	USCG
Drivers						

Do you have a consortium conduct your random testing element of your program? ☐ YES ☐ NO

READ BEFORE COMPLETING THE REMAINDER OF THIS FORM:

1. All items refer to the **current** reporting period **only** (January 1, 2000 - December 31, 2000).
2. This report is only for testing **REQUIRED BY THE OFFICE OF MOTOR CARRIER SAFETY (OMCS)**.
 - You must only report results for drivers **REQUIRED TO HAVE CDLs** as defined by OMCS controlled substance and alcohol testing regulations (49 CFR part 382).
 - The information you provide must only include testing for marijuana (THC), cocaine, phencyclidine (PCP), opiates, amphetamines, and alcohol using the standard procedures required by DOT regulation 49 CFR Part 40.
3. You must report information about refusals for testing only in the tables entitled "DRIVERS REQUIRED TO HAVE CDLs WHO REFUSED TO SUBMIT TO A CONTROLLED SUBSTANCE (or AN ALCOHOL) TEST". Do not include refusals for testing in other sections of this report.
4. Do not include the results of any quality control (QC) samples submitted to the testing laboratory in any of the tables.
5. Complete all items; DO NOT LEAVE ANY ITEM BLANK. If the value for an item is zero (0), place a zero (0) on the form.

C. CONTROLLED SUBSTANCE TESTING INFORMATION

TYPE OF TEST	NUMBER OF SPECIMENS COLLECTED	NUMBER OF SPECIMENS VERIFIED NEGATIVE	NUMBER OF SPECIMENS VERIFIED POSITIVE FOR ONE OR MORE OF THE FIVE CONTROLLED SUBSTANCES	NUMBER OF SPECIMENS VERIFIED POSITIVE FOR EACH TYPE OF CONTROLLED SUBSTANCE				
				Marijuana (THC)	Cocaine	Phencyclidine (PCP)	Opiates	Amphetamines
PRE-EMPLOYMENT								
RANDOM								
POST-ACCIDENT NON-FATAL								
POST-ACCIDENT FATAL								
REASONABLE SUSPICION								
RETURN TO DUTY								
FOLLOW-UP								

Number of persons denied a position as a driver required to have a CDL following a verified positive controlled substance test:	
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Number of drivers returned to duty during this reporting period who had a verified positive controlled substance test or refused a controlled substance test required under the OMCS rule:	
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SPECIMENS VERIFIED POSITIVE FOR MORE THAN ONE CONTROLLED SUBSTANCE					
NUMBER OF SPECIMENS	Marijuana (THC)	Cocaine	Phencyclidine (PCP)	Opiates	Amphetamines

DRIVERS WHO REFUSED TO SUBMIT TO A Controlled substance TEST	Number
Driver required to have a CDL who refused to submit to a random controlled substance test required under the OMCS regulation:	
Driver required to have a CDL who refused to submit to a non-random controlled substance test required under the OMCS regulation:	

CONTROLLED SUBSTANCE TRAINING/EDUCATION	Number
Number of supervisors who have received initial training on the specific contemporaneous physical, behavioral, and performance indicators of probable controlled substance use as required by OMCS controlled substance testing regulations:	

D. ALCOHOL TESTING INFORMATION

TYPE OF TEST	NUMBER OF SCREENING TESTS	NUMBER OF CONFIRMATION TESTS	NUMBER OF CONFIRMATION TEST RESULTS EQUAL TO OR GREATER THAN 0.02, BUT LESS THAN 0.04	NUMBER OF CONFIRMATION TEST RESULTS EQUAL TO OR GREATER THAN 0.04
PRE-EMPLOYMENT				
RANDOM				
POST-ACCIDENT NON-FATAL				
POST-ACCIDENT FATAL				
REASONABLE SUSPICION				
RETURN TO DUTY				
FOLLOW-UP				
Number of persons denied a position as a driver required to have a CDL following an alcohol test indicating an alcohol concentration of 0.04 or greater:				
Number of drivers who engaged in alcohol misuse who were returned to duty as a driver required to have a CDL (having complied with the recommendations of a substance abuse professional as described in OMCS regulations):				
Number of drivers administered controlled substance <u>and</u> alcohol tests at the same time resulting in a verified positive controlled substance test <u>and</u> an alcohol test indicating an alcohol concentration of 0.04 or greater:				
VIOLATIONS OF OTHER ALCOHOL PROVISIONS / PROHIBITIONS OF THIS REGULATION				
NUMBER OF DRIVERS REQUIRED TO HAVE A CDL	VIOLATION	ACTION TAKEN		
	Driver used alcohol while performing safety-sensitive function.			
	Driver used alcohol within 4 hours of performing safety-sensitive function.			
	Driver used alcohol before taking a required post-accident alcohol test.			
DRIVERS REQUIRED TO HAVE A CDL WHO REFUSED TO SUBMIT TO AN ALCOHOL TEST				Number
Drivers required to have a CDL who refused to submit to a random alcohol test required under the OMCS regulation:				
Drivers required to have a CDL who refused to submit to a non-random alcohol test required under the OMCS regulation:				
ALCOHOL TRAINING/EDUCATION				Number
Number of supervisors who have received initial training on the specific contemporaneous physical, behavioral, and performance indicators of probable alcohol use as required by OMCS alcohol testing regulations:				

INSTRUCTIONS FOR OMCS CONTROLLED SUBSTANCE AND ALCOHOL TESTING MANAGEMENT INFORMATION SYSTEM (MIS) DATA COLLECTION INSTRUCTIONS

WHY DID I RECEIVE THIS REPORT FORM AND INSTRUCTIONS?

The Office of Motor Carrier Safety (OMCS) is conducting a survey of controlled substance and alcohol use among drivers of commercial motor vehicles (CMVs). Our records indicate you drive or you direct drivers to operate, motor vehicles on public roads, streets, or highways in the United States. Our records also indicate you have motor vehicles of a certain size requiring you, or your drivers to have a commercial driver's license (CDL) in accordance with Title 49 Code of Federal Regulations (CFR) part 383. Also included would be licenses obtained under the requirements of the Canadian National Safety Code or Licencia Federal de Conductor (Mexico). *You should read 49 CFR part 382 to determine whether you are subject to this report.*

MUST I COMPLETE THIS REPORT FORM?

You must complete a report. If during this past calendar year your operations had verified positive controlled substances test results or alcohol misuse, you must use Form No. MCS-154, *OMCS Controlled Substance and Alcohol Testing MIS Data Collection Form*. This form begins after page viii following these instructions. If you had no verified positive controlled substances test results and no alcohol misuse, you may use this form or Form MCS-155 (the "EZ" form) as an alternative.

Please prepare sections A, B, C, and D of this report form (or Form MCS-155, if you are eligible) according to the following instructions. If you do not submit a report to us, we may start an investigation to determine why you did not file a report.

WHAT IF I AM NO LONGER A MOTOR CARRIER SUBJECT TO 49 CFR PART 382?

If you are no longer a motor carrier using drivers to operate certain size motor vehicles or you use one of the exemptions (e.g., farmer, firefighter), please prepare sections A and B of this report form or those sections on Form No. MCS-155. Please note the exact circumstances why you are not subject to 49 CFR part 382. Please return this form to us so we may update our records with your correct information. If you do not submit a report to us, we may start an investigation to determine why you did not file a report.

IF I USE A CONSORTIUM, MAY MY CONSORTIUM PREPARE AND SUBMIT MY REPORT?

Your consortium may prepare sections C and D of your report for you. **You must prepare sections A and B yourself.** You remain fully responsible for the accuracy and completeness of every item in your report. Your signature in section A certifies your entries are true, accurate, and complete.

WHAT ARE THE TEN STEPS I MUST FOLLOW TO FILE THIS REPORT?

1. Please read 49 CFR part 382 -- the United States Federal regulations requiring this report.
2. Read these instructions carefully before entering any data.
3. Determine where to obtain the information we request. We suggest probable sources where most motor carriers would keep the information we request.
4. Review the examples we provide carefully to correctly record various data we request.
5. Calculate your previous calendar year's summary data for each item.
6. Record each item's summary data.
7. Audit your entries to ensure your data was recorded accurately and completely. Correct any inaccurate data. [If we conduct an investigation at a later date and find you entered, or certified for, incorrect data, we may penalize you.]
8. Certify to the accuracy and completeness of the report in section A. A motor carrier management official (e.g., owner, partner, President, Vice President) should make this certification.
9. Make a copy of the completed report for your records.
10. Mail the report with the original, signed certification to the address we provided.

WHAT ARE THE FOUR MAJOR PARTS TO THIS REPORT?

We have separated this report into four major sections. Collectively, these sections address the data elements required in the OMCS controlled substance and alcohol testing regulations. The four sections, the page number for the instructions, and the page location on the reporting form are shown below.

<u>Section</u>	Instructions	Reporting
	<u>Page</u>	<u>Form</u> <u>Page</u>
A. MOTOR CARRIER INFORMATION	ii	1
B. DRIVERS REQUIRED TO HAVE A CDL	ii-iii	2
C. CONTROLLED SUBSTANCE TESTING INFORMATION	iii-v	3
D. ALCOHOL TESTING INFORMATION	v-vii	4

Page 1 **SECTION A - MOTOR CARRIER INFORMATION.** We have filled in your name (or your company's name), address, and U.S. DOT number.

If the information we filled in is wrong, please draw a single line through the wrong information and legibly write-in your correct information.

If you believe your operation is exempt from 49 CFR part 382 because of one of the reasons noted in section A, you no longer conduct motor carrier operations, or you are no longer in business, check or make an "X" in the appropriate box in section A, complete sections A and B. Please mail your report to us.

The person certifying the report is correct and complete must read the certification statement, certify by signing his/her name, the date signed, and your current telephone number (including the area code). Please complete section B, and section C and D if applicable, before certifying the report is accurate, true, and complete.

Page 2 **SECTION B - DRIVERS REQUIRED TO HAVE A CDL.** Please review all your records prior to preparing this item. Count all drivers required to have a CDL (or an equivalent foreign license) to operate certain motor vehicles in the United States. The most likely source for this information is your personnel or safety department. You must base your count only on your drivers used during the calendar year reported. Count all drivers you have hired or used on any day in the last calendar year. This includes drivers you paid to drive and drivers you allowed to drive (such as volunteers for a church, fire department, or in an emergency). You must count as a single driver those who you hired or used twice or more in the reported calendar year. *Do not provide the number of drivers employed or used on a single date, such as December 31. Do not provide an average number of drivers used over the calendar year.*

For example, you trip leased driver John Smith for single trips on January 28, May 5, September 12, and December 7. Count driver John Smith as one driver. You hired driver Tracey Jones on January 10, she quit on July 28, you rehired her on October 15, and she quit again on December 3. Count driver Tracey Jones as one driver.

You must provide additional information if your drivers perform duties covered by other USDOT agency controlled substance and alcohol rules. **NUMBER OF DRIVERS PERFORMING OTHER DUTIES COVERED BY OTHER USDOT OPERATING ADMINISTRATIONS**, requires you identify the number of drivers required to have a CDL and who are also covered under another USDOT operating administration, (i.e., FAA, FRA, FTA, USCG, and RSPA). You must count the drivers covered by other DOT operating administrations under all appropriate operating administrations.

For example, if you have any drivers required to have a CDL who also pilot airplanes, operate rail engines, operate transit vehicles, repair pipelines, or pilot ocean vessels for you and you are subject to FAA, FRA, FTA, RSPA, or USCG regulations respectively, you must record a number under each appropriate operating administration.

Please answer the question whether you use a consortium (a group or another entity) to conduct your random testing element of your program.

Page 3 SECTION C - **CONTROLLED SUBSTANCE TESTING INFORMATION.** You must provide information for controlled substance testing. You must provide the information by category under these seven categories.

1. Pre-employment.
2. Random.
3. Post-accident (non-fatal).
4. Post-accident (fatal).
5. Reasonable suspicion.
6. Return to duty.
7. Follow-up.

All data you enter into the table must only be for **drivers required to have a CDL** or applicants for such jobs. Each part of the table must be completed for each category of testing. These numbers **do not** include refusals to test. Refusals to test are recorded elsewhere on this form.

Use Section C to summarize your controlled substance testing results for drivers required to have CDLs and for applicants for such jobs. Use the first row of the table to enter the data on pre-employment testing. The following six rows are for entering controlled substance testing data on random, post-accident (non-fatal), post-accident (fatal), reasonable suspicion, return to duty, and follow-up testing, respectively. The following three items are necessary to complete these tables.

- 1) The number of specimens collected in each testing category.
- 2) The number of specimens tested verified negative and verified positive for any controlled substance(s) (i.e., marijuana, cocaine, amphetamines, opiates, phencyclidine).
- 3) Individual counts of those specimens verified positive for each of the five controlled substances.

Do not include results of quality control (QC) samples submitted to the testing laboratory in any of the tables.

We provide, on the following page, a sample table with detailed instructions for the first category, **PRE-EMPLOYMENT TESTING INFORMATION**. The format and explanations used for the sample table apply to all seven parts of the table in Section C.

Three types of information are necessary to complete the left side of the first table. The first column ("**NUMBER OF SPECIMENS COLLECTED**"), requires you count all collected specimens. It must not include refusals to test. The second column ("**NUMBER OF SPECIMENS VERIFIED NEGATIVE**"), requires you count all completed tests your Medical Review Officer (MRO) verified negative. The third column ("**NUMBER OF SPECIMENS VERIFIED POSITIVE FOR ONE OR MORE OF THE FIVE CONTROLLED SUBSTANCES**"), requires you count the number of specimens your MRO verified positive.

The right hand side of the table ("**NUMBER OF SPECIMENS VERIFIED POSITIVE FOR EACH TYPE OF CONTROLLED SUBSTANCE**"), requires you count all positive tests **for each** of the five controlled substances (i.e., marijuana (THC), cocaine, phencyclidine (PCP), opiates, and amphetamines). You must enter the number of verified positive specimens for each controlled substance in the appropriate column for each controlled substance type.

If a driver tested positive for more than one controlled substance; for example, both marijuana and cocaine, you must include this driver's positive results once in each of the appropriate columns (marijuana and cocaine).

Page 3 Below the table for controlled substance testing information is the box labeled "**Number of persons denied a position as a driver required to have a CDL following a verified positive controlled substance test.**" Count those drivers you did not place in a driving position requiring a CDL because the driver applicant tested positive for one or more controlled substances.

Page 3 Below the table for controlled substance testing information is a second box (Number of drivers returned to duty . . . the OMCS rule). You must count drivers you returned to duty during this calendar year reporting period who had a verified positive controlled substance test or refused a controlled substance test required under the OMCS rule. This type of driver may have tested positive in your testing program or may be returning these drivers to duty after testing positive under another motor carrier's program. This information should be available from the personnel office or controlled substance program manager.

SAMPLE APPLICANT TEST RESULTS TABLE

The following example is for Section C, **CONTROLLED SUBSTANCE TESTING INFORMATION**, summarizing pre-employment testing results. The procedures detailed here also apply to the other categories of testing in Section C requiring you to summarize testing results for all drivers. This example uses "Pre-Employment" testing to illustrate the correct procedures for completing the form.

A

Urine specimens were collected for 157 job applicants for driver positions during this calendar year report period. Enter this information in the first column of the table in the row marked "PRE-EMPLOYMENT".

B

Your Medical Review Officer (MRO) reported 153 of those 157 specimens from job applicants for driver positions were verified negative (i.e., no controlled substances were detected). Enter this information in the second column of the table in the row marked "PRE-EMPLOYMENT".

C

Your MRO reported 4 of the 157 specimens from job applicants for driver positions were verified positive (i.e., a controlled substance or controlled substances were detected). Enter this information in the third column of the table in the row marked "PRE-EMPLOYMENT".

D

Your MRO verified positive the following controlled substances in the 4 specimens.

<u>Specimen</u>	<u>Controlled substances</u>
#1	Marijuana
#2	Amphetamines
#3	Marijuana and Cocaine (Multi-controlled substance specimen)
#4	Marijuana

TYPE OF TEST	NUMBER OF SPECIMENS COLLECTED	NUMBER OF SPECIMENS VERIFIED NEGATIVE	NUMBER OF SPECIMENS VERIFIED POSITIVE FOR ONE OR MORE OF THE FOLLOWING DRUGS	NUMBER OF SPECIMENS VERIFIED POSITIVE FOR EACH TYPE OF DRUG				
				Marijuana (THC)	Cocaine	Phencyclidine (PCP)	Diazepam	Amphetamines
PRE-EMPLOYMENT	157	153	4	3	1	1	1	1

A

→

B

→

C

→

D

→

Three (3) specimens verified positive for marijuana, one (1) for cocaine, and one (1) for amphetamines. You enter this information in the columns on the right hand side of the table under each of these controlled substances. Since the tests detected two different controlled substances in specimen #3 (multi-controlled substance), you must make entries in both the marijuana and the cocaine columns for this specimen. You must also enter information on multi-controlled substance specimens in the table, **SPECIMENS VERIFIED POSITIVE FOR MORE THAN ONE CONTROLLED SUBSTANCE**.

Note the sum of the numbers of each type of controlled substance in a row ("NUMBER OF SPECIMENS VERIFIED POSITIVE FOR EACH TYPE OF CONTROLLED SUBSTANCE") will not always match the number entered in the third column, "NUMBER OF SPECIMENS VERIFIED POSITIVE FOR ONE OR MORE OF THE FIVE CONTROLLED SUBSTANCES". The total for the numbers on the right hand side of the table may differ from the number of specimens testing positive since some specimens may contain more than one controlled substance.

Please remember you are to use the same procedures indicated above for completing all categories of testing in the table in Section C.

Page 3 SPECIMENS VERIFIED POSITIVE FOR MORE THAN ONE CONTROLLED SUBSTANCE.

Please record information on specimens containing more than one controlled substance. First, indicate for each controlled substance combination, the **NUMBER OF SPECIMENS VERIFIED POSITIVE**. Then, identify the controlled substances composing the combination by placing a check-mark in the appropriate columns.

For example, if 3 specimens detected both marijuana and cocaine, then you would write "3" in the first row as the number of specimens, and place a check-mark in the columns for "Marijuana" and "Cocaine". If 2 other specimens detected both marijuana and opiates, then you would write "2" in the second row as the number of specimens, and place a check-mark in the columns for "Marijuana" and "Opiates."

Page 3 DRIVERS WHO REFUSED TO SUBMIT TO A CONTROLLED SUBSTANCE TEST. Please count the **NUMBER OF DRIVERS REQUIRED TO HAVE CDLs** who refused to submit to a **random** or **non-random** (pre-employment, post-accident, reasonable suspicion, return to duty, or follow-up) controlled substance test required by OMCS regulation.

Page 3 CONTROLLED SUBSTANCE TRAINING/EDUCATION requires information on the number of supervisory personnel who have received the required controlled substance training during the current reporting period.

Page 4 SECTION D - ALCOHOL TESTING INFORMATION requires information for alcohol testing by category of testing. You must provide the information by category under these seven categories.

- | | |
|-------------------------------|--------------------------|
| 1. Pre-employment. | 5. Reasonable suspicion. |
| 2. Random. | 6. Return to duty. |
| 3. Post-accident (non-fatal). | 7. Follow-up. |
| 4. Post-accident (fatal). | |

All data you enter into the table must only be for **drivers required to have a CDL** or applicants for such jobs. Each part of the table must be completed for each category of testing. These numbers **do not** include refusals for testing. Refusals for testing are recorded elsewhere on this form.

Four types of information are necessary to complete this table. The first column ("**NUMBER OF SCREENING TESTS**"), requires you count all alcohol screening tests performed. It must not include refusals to test. The second column ("**NUMBER OF CONFIRMATION TESTS**") requires you count all alcohol confirmation tests performed.

The third column ("**NUMBER OF CONFIRMATION TEST RESULTS EQUAL TO OR GREATER THAN 0.02, BUT LESS THAN 0.04**"), refers to the number of test results with a BAC equal to or greater than 0.02, but less than 0.04. For example, alcohol test results from 0.02 up to and including 0.039 must be counted in this column.

The fourth column ("**NUMBER OF CONFIRMATION TEST RESULTS EQUAL TO OR GREATER THAN 0.04**"), refers to the number of specimens with a result equal to or greater than a BAC of 0.04. Please note: *For return-to-duty testing, a confirmation test result equal to or greater than 0.02 is a violation of the alcohol rule. Therefore, if your records were destroyed by accident and you cannot locate the number of results equal to or greater than 0.04, you may report all results in the third column of the table.*

SAMPLE APPLICANT TEST RESULTS TABLE

The following example is for the **ALCOHOL TESTING INFORMATION** table, summarizing pre-employment testing results. The procedures detailed here also apply to the other types of testing in the table. This example will use "Pre-Employment" testing to illustrate the procedures for completing the form.

TYPE OF TEST	NUMBER OF SCREENING TESTS	NUMBER OF CONFIRMATION TESTS	NUMBER OF CONFIRMATION TEST RESULTS EQUAL TO OR GREATER THAN 0.02, BUT LESS THAN 0.04	NUMBER OF CONFIRMATION TEST RESULTS EQUAL TO OR GREATER THAN 0.04
PRE-EMPLOYMENT	157	6	2	3
	A	B	C	D

A You performed screening tests on 157 job applicants for driver positions during the calendar year reporting period. This information is entered in the first blank column of the table in the row marked "PRE-EMPLOYMENT".

B Confirmation tests were necessary for 6 of the 157 applicants for driver positions. Enter this information in the second blank column of the table in the row marked "PRE-EMPLOYMENT". The confirmation test results for these 6 applicants were the following:

Applicant	Confirmation Result	Applicant	Confirmation Result
#1	0.06	#4	0.04
#2	0.01	#5	0.03
#3	0.11	#6	0.02

C The confirmation test results for 2 of the applicants (#5 and #6) for driver positions were equal to or greater than 0.02, but less than 0.04. Enter this information in the third blank column of the table in the row marked "PRE-EMPLOYMENT".

D The confirmation test results for 3 of the applicants for driver positions (#1, #3, and #4) were equal to or greater than 0.04. Enter this information in the fourth blank column of the table in the row marked "PRE-EMPLOYMENT".

Note when you add up the numbers for confirmation results in columns three and four you will not always match the number entered in the second column, "NUMBER OF CONFIRMATION TESTS". These numbers may differ since some confirmation test results may be less than 0.02.

Please remember you are to use the same procedures indicated above for completing all categories of testing in the table in Section D.

Page 4 Below the table for alcohol testing information is a box ("**Number of persons denied a position as a driver required to have a CDL following an alcohol test indicating an alcohol concentration of 0.04 or greater**"). Please count those persons you did not place in a driver position because the driver-applicant's alcohol test indicated an alcohol concentration of 0.04 or greater.

Page 4 Following the first box is a second box ("**Number of drivers who engaged in alcohol misuse who were returned to duty in a driving position (having complied with the recommendations of a substance abuse professional as described in OMCS regulations)**"). This information should be available from the personnel office and/or controlled substance and alcohol program manager.

Page 4 A third box requires the "**Number of drivers administered controlled substance and alcohol tests at the same time resulting in both a verified positive controlled substance test and an alcohol test indicating an alcohol concentration of 0.04 or greater.**" Please count all such drivers in this box.

Page 4 **VIOLATIONS OF OTHER ALCOHOL PROVISIONS/PROHIBITIONS OF THIS REGULATION.** Please count the **NUMBER OF DRIVER REQUIRED TO HAVE A CDLs** committing such a violation, a description of the **VIOLATION** committed (e.g., pre-duty alcohol use, on duty alcohol use, on duty alcohol possession), and a brief description of the **ACTION TAKEN** in response to the violation.

Page 4 **DRIVERS WHO REFUSED TO SUBMIT TO AN ALCOHOL TEST.** Please count the **NUMBER OF DRIVERS REQUIRED TO HAVE CDLs** who refused to submit to a **random** or **non-random** (pre-employment, post-accident, reasonable suspicion, return to duty, or follow-up) alcohol test required under the OMCS regulation.

Page 4 **ALCOHOL TRAINING/EDUCATION.** Please record information on the number of supervisory personnel who you, as a motor carrier, provided training on the specific contemporaneous physical, behavioral, and performance indicators of probable alcohol use as required by OMCS alcohol testing regulations during the current reporting period. These are supervisory personnel you trained to monitor drivers to make reasonable suspicion determinations.

Please note, if you are a motor carrier and the sole owner and sole driver for your operation, and do not lease yourself to another motor carrier, we do not require you to train yourself to make reasonable suspicion determinations about yourself.

NOTICE

The OMCS requires all motor carriers, who are selected to report controlled substances and alcohol testing information, to file this report Form MCS-154, Controlled Substance and Alcohol Testing MIS Data Collection Report. A motor carrier selected must file Form MCS-154 before March 15, 2000.

You must file this report as required by 49 CFR part 382 and authorized by 49 U.S.C. 31306 (1996).

We expect you, at a minimum, to do the following ten actions to complete this report.

1. Review the current regulations requiring this report.
2. Review the instructions accompanying this form.
3. Search your files for the correct calendar year data.
4. Retrieve the correct data from your files.
5. Summarize your data.
6. Record your summary data on this form.
7. Audit your form for accuracy and completeness.
8. Refile your data.
9. Certify the report is accurate, true, and complete.
10. Mail your completed report to us.

You may submit any comments concerning the accuracy of this time burden estimate or any suggestions for reducing the burden to the following address.

Kenneth Rodgers
Office of Motor Carrier Enforcement (HMCE-10)
Office of Motor Carrier Safety
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

This collection of information is **Mandatory**. The Office of Motor Carrier Safety will use the information to determine the motor carrier industry violation rate for alcohol and the positive rate for controlled substances. The OMCS will also use the information to determine whether the OMCS should reduce or increase the random testing rate for alcohol and controlled substances.

The OMCS estimates the average public reporting burden is 2 hours per response. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data, and completing and reviewing the collection of information. The information submitted will be confidential and only be used by the OMCS for statistical summary and enforcement purposes. Ninety percent of the motor carriers subject to these testing regulations have less than 10 drivers.

Please note the OMCS may not conduct or sponsor, and the OMCS may not require you to respond to, this collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection of information is OMB 2125-0543.